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1. Organizationally speaking, the principal change in the Chinese medical profession since the end of World War II, and particularly since the completion of the Communist occupation of China, has been increased emphasis on the number of doctors produced by the medical schools. As a result of this emphasis all medical schools in mainland China have been combined into five large medical centers. These five are:

- a. Kwei-yang (covering all West China)
Dean: M K Chu 朱懋根
A genito-urinary man trained at Peking Union Medical College.
- b. Ling-nan (covering all South China)
Dean: probably Dr C K Hsieh 謝志光
- c. Peiping (covering all of North China)
Dean: C U Lee 李宗恩
- d. Shanghai (covering all of East China)

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- e. Hangkow (smaller than the other four, covering all of Central China)

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At the centers are concentrated all the personnel and facilities for teaching medicine which were formerly scattered throughout each of the areas. In line with this reorganization, which is based on the tremendous need for doctors in China, medical school classes have been increased to an enrollment of about 1,000 students each. To increase the production

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of doctors further, the amount of time spent in training them has been cut down. Formerly six years of college/medical school plus one year of internship, this figure is now four years and one of internship.

2. In addition another type of medical training has been set up. This curriculum lasts only two years and is designed to produce medical practitioners for service in outlying country districts. The idea behind this plan is to train people sufficiently to handle the uncomplicated medical problems normally encountered in rural practice. When these individuals run into medical problems which they are not competent to handle they send the patients to the nearest medical center for treatment. [redacted] this program was designed to produce medical personnel for service in Korea and that the flow of patients in Korea is similar, i.e. the least trained personnel serve in the front lines and cope with routine cases, sending the more complicated cases to rear area facilities which are staffed with more highly trained people.

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3. [redacted] the emphasis in Chinese medical research since the completion of the Communist occupation in China has been on public health problems. The great increase in the training of doctors mentioned above is indicative of this emphasis. A leader in this area of research is Dr. C U Lee, at present Dean of the Peiping Union Medical College

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[redacted] His specialty is tropical medicine and he has in recent years concentrated on the treatment and prevention of the parasitic disease Kala-aza. Another leading research man in this field is C W Wang 王季午 former Dean of the Chekiang Medical School who has specialized in the treatment of hookworm in Canton and East China.

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[redacted] concerted efforts are being made also to control various epidemic diseases in China such as typhoid, smallpox, and dysentery by the use of inoculations. This program is, [redacted] being carried on at all five medical centers.

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4. As far as specific research programs are concerned [redacted] Dr T K Tang 湯澤光 of the medical department of the Canton Hospital (the teaching unit of the Ling-nan Medical School) was continuing his work on placenta extract. This extract is to be used for the treatment of various chronic diseases such as nephritis, cirrhosis of the liver and arthritis. This line of research was, [redacted] introduced by the Soviet advisors in Canton. [redacted] Tang was formerly dean of the Ling-nan Medical School but now concentrates entirely on research.

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5. Another research program that was started at the end of World War II and is presumably continuing is the classification of ancient Chinese drugs. These drugs have been in use in China in some cases for thousands of years; some of them, such as ephedrine, are effective and efforts are being made to analyze and synthesize many of them. [redacted] this work is concentrated at the Peiping Union Medical College,

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6. [redacted] 50X1

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7. There are two material shortages in the medical field [redacted] 50X1
[redacted] One of these is penicillin. Formerly, of course, all 50X1
supplies of this drug were obtained in the US. A program was initiated 50X1
following World War II in North China for the production of penicillin 50X1
and [redacted] some was actually produced in 1947-48. The product, how-
ever, was very crude and not satisfactory. Work in this field, however,
is probably continuing; [redacted] 50X1
China has been receiving some supplies of this drug from the USSR but
[redacted] The other shortage is x-ray film which, prior 50X1
to World War II, was obtained from a leading US producer. Efforts are 50X1
being made to produce x-ray film also in North China but [redacted]
[redacted] 50X1
8. Speaking in very general terms of Chinese medical research I would
classify it prior to World War II as very good with Peiping Union
Medical College being the leading medical institute in the Orient.
During World War II research continued [redacted] to be adequate. 50X1
Following the war, although everyone tried very hard to maintain or
raise the level of research, the dislocations caused by the Communists
resulted in general deterioration of the research picture.

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